

Colorado Health Partnerships, LLC

GOAL #1: Integrate consumer and family member involvement with CAUMC/QISC efforts.

	Quality Improvement and ization Management Activities	Target	Plan	Timetable
1A.	OMFA will collaborate with Quality to validate the value of peer services.	1) QISC will work with OMFA to address how to identify the best practices when it comes to Peer Services utilization.	1) OMFA will collaborate with the Quality Department to validate the value of Peer Services in order to determine impressions that staff may have towards Peer Services, issues arising surrounding the use of Peer Services and how to potentially use Peer Service Specialists more effectively. This will be done through the use of a survey tool sent to those who regularly work with Peer Specialists.	1) The survey (survey monkey) will be developed by K. Brune and H.Grublak The survey will be distributed by the OMFA group beginning the 1st of October and ending the 31st of October. Results will be tabulated and shared with the OMFA group as well as QISC/CAUMC by January 2014
		2) OMFA will plan the implementation of the CROS tool in order to access recovery outcomes.	2) OMFA will work towards the implementation of the CROS tool.	2) H. Grublak in conjunction with QISC/CAUMC will determine a plan to implement the CROS tool will be developed by June 2014 with a launch date decided upon as well.

GOAL #2: Ensure clinical practice standards and contract requirements, as applicable, are met by providers.

Quality Improvement and Utilization		•		
Management Activities		Target	Plan	Timetable
2A.	A representative sample of IPN providers will be consistently evaluated against CHP clinical standards, guidelines and contract requirements in the areas of	Non- CMHC Providers: 1) Continue to conduct quarterly IPN audits and conduct training annually.	1) On a scheduled quarterly basis random IPN audits will occur. These audits will review clinical services and claims related to services. In addition, training will also be provided to IPN providers.	Training will be conducted on an annual basis. The training will be presented by R. Borders
	treatment and discharge planning.	Develop an audit tool in order to begin to initiate technical assistance audits of the new E&M and CPT codes.	2) The Quality Department and the Compliance Department will be responsible for developing the audit tool. In conjunction with the QISC/CAUMC committee, the departments will begin to analyze and assess options for the development of an audit tool which will focus on auditing the new E&M and CPT codes.	2) By February 2014 an audit tool will be developed which will aid in the technical assistance audits of the new E&M and CPT codes will be created.

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		3) Continue to monitor the use of the diagnosis of Mood Disorder NOS through the Top 5 diagnosis report.	3) Quarterly or as needed the Top 5 diagnosis report will be presented to the QISC/CAUMC.	3) Beginning in December 2013 and ongoing quarterly if needed the Top 5 diagnosis report will be examined to address the use of the diagnosis Mood Disorder NOS.
2B.	A representative sample of CMHC providers will be consistently evaluated against CHP clinical standards, guidelines and contract requirements.	1) CHMC's will continue to focus on COC by adopting elements of the BHO's Coordination of Care audit tool and submit quarterly audit results.	1) MHC's will submit at a minimum 15 audit results per quarter. The aggregate results of the audit results will be trended for committee evaluation.	Beginning in August 2013 and ongoing quarterly MHC's will submit at a minimum 15 audit results.



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GOAL #3: Systematically analyze and evaluate outcomes data.

Qua	nlity Improvement and Utilization Management Activities	Target	Plan	Timetable
3A.	QISC will explore options to improve outcomes through education and outreach to members as well as outreach to PCP's who provide services to members with high cost/high risk diagnosis.	1) QISC will explore options to improve outcomes through education and outreach of members with chronic conditions, as well as outreach to PCP's.	1) The QISC committee will explore how to create an impact upon coordination of care by working with providers and member's with chronic conditions providing education. The use of the high cost/high risk diagnosis list can be used in conjunction with this project.	The QISC/ CAUMC committee will strategically explore the options of improving outcomes and make recommendations by February 2014.
		2) QISC will develop a new Quality Improvement Project (QIP)	2) QISC/ CAUMC, and the PIP task group will move towards developing a new QIP	2) When the current QIP is retired a new QIP will need to be started in its place. Some ideas surround the use of physical health data and members on antipsychotic medication and testing for diabetes.
		3) Provide updatedSF-12 outcome report semiannually.	3) The SF-12 outcomes report will be generated and presented to the group.	3) K. Brune will generate the SF-12 outcomes report and present data semiannually at the combined QISC/CAUMC committee meeting. September 2013 June 2014 and December 2014
		4) Complete ER focused study and COC PIP (State moving towards Statewide PIP 7/14)	4) The survey results from the ER focused study mailing will be tabulated and the results will be written and submitted to HSAG.	4) By October 1 2013 the ER Focused study will be complete with results shared with the PIP Task group and submitted to HSAG.
			For the Coordination of Care PIP,QISC/CAUMC has set a goal for the MHC's to meet the rate of 65% for COC documentation for FY14	The COC PIP will end in April 2014. Approximately around July 2014 the State will develop what will be a Statewide PIP which QICS/CAUMC will implement.



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GOAL # 4: Evaluate Clinical/Quality Compliance and Performance.

Qua	lity Improvement and Utilization Management Activities	Target	Plan	Timetable
4A.	To support the clinical quality improvement process, the QISC, or its designee, will review, evaluate,	1) review Policies and Procedures	1)The QISC/CAUMC committee will review new or updated policies and procedures	1)At least annually, QISC will: Review policies and procedures on an ongoing as needed basis.
	and/or monitor applicable standards and policies.	2) monitor compliance with URAC standards	2) Compliance standards for URAC will be monitored.	2) Annually, scheduled for, July 2014 compliance with URAC standards will be reviewed.
		3) evaluate patient safety (adverse incident review and annual suicide report)	3) Annually the patient safety (adverse incident review and annual suicide report) will be generated and analyzed for trends.	3) These reports will be reviewed at QISC/CAUMC September 2013
		4) Complete training on URAC standards, and other training, as required	4) Training will occur as needed. Topics to be addressed will be determined at time of training. The responsibility for the training lies at the service center level.	4) Training dates will be determined as required.
4B.	Review and update CHP Level of Care Guidelines.	1) Complete review of CHP Level of Care Guidelines and make updates as needed.	1) All CHP Level of Care Guidelines are reviewed annually and brought to QISC/CAUMC.	1) Throughout the year during QISC/CAUMC committee meetings, S. Coen will present updated CHP LOC guidelines.



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GOAL #5: Assure Care Management Department Compliance with Established UM Standards.

Qua	lity Improvement and Utilization Management Activities	Target	Plan	Timetable
5A.	Ensure consistent application of Clinical LOC guidelines by Care Managers as well as Clinical and Medical leadership.	1) All Clinical and Medical staff will achieve a passing score (80% or higher) according to VO corporate analysis on the Inter- rater Reliability Test	1) A. Adams will oversee and ensure that all Clinical and Medical staff take the test.	1) Ongoing as needed
5B.	1) Calls are processed efficiently.	1) Corporate standards for speed of answer (under 30 seconds) and abandonment rate(under 3 percent) are achieved	1) A. Adams will oversee and report on ASA and abandonment rates.	1) Quarterly report
5C.	Authorizations are made in a timely sequence.	Audits of call screens reflect compliance at 95% with timelines for initial and concurrent authorizations	A. Adams will continue to monitor timelines for initial and concurrent authorizations to meet standards.	1) Ongoing as needed
5D.	Callers with urgent and emergent needs receive timely services.	Monthly audits reveal compliance with procedure on urgent and emergent calls	A. Adams will continue to monitor callers with urgent and emergent needs to ensure that they are receiving timely services.	Ongoing as needed
5E.	CHP Clinical Policies and Procedures reflect current Corporate and contract standards.	1) CHP Clinical Policies and Procedures are reviewed/revised annually	1) A. Adams and S. Coen will ensure that CHP Clinical Policies and Procedures are reviewed and then presented at QICS/CAUMC	1) Ongoing as needed
5F.	Clinical training plan is complete as defined in the program description.	Orientation for new staff and annual training is completed	New staff will be oriented and complete annual training on an annual basis.	1) A. Adams Ongoing as needed



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		2) Documentation of at least annual training is retained in HR files of all Care Mangers	2) Training will be tracked and maintained.	2) Ongoing as needed
5G.	Compliance with URAC standards is maintained.	1) Established monitoring is done and corrective actions are implemented as needed	When needed and if applicable monitoring will be done and corrective actions will be implemented	1) A. Adams Quarterly or as needed

GOAL #6: Incorporate data based performance targets into the QISC/CAUMC Committee

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Quality Improvement and Utilization				
Management Activities		Target	Plan	Timetable
	Implement data based performance	1) Establish an overall 5 BHO	1) QISC/CAUMC will develop a strategy in order to	1) The Performance Measure swf file will
6A.	targets and monitor the	targets to add into the swf file	add an overall 5 BHO targets into the performance	continue to be reviewed in the
	implemented change.	Performance Measure report.	measure report. Targets will be established for	QISC/CAUMC committee quarterly. As
			measures which relate to the overall 5 BHO weighted	needed interventions will be discussed if
			average. Performance will be based upon the criteria	targets are not met.
			of falling below, meeting or exceeding the 5 BHO	
			average. Interventions will be established for those not	
			meeting the average. The standard measures will	
			continue to be reviewed with the new targets added in,	
			however; access to care: initial, routine and emergent	
			will be added to the report as well as to implement and	
			monitor performance in the new engagement measure	
			received from HCPF.	

Commented [WJ1]: New Goal for FY14



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GOAL #7: Continue progress on current Performance Improvement Projects.

Qua	lity Improvement and Utilization Management Activities	Target	Plan	Timetable
7 A .	Evaluate the effectiveness of interventions developed for the Coordination of Care PIP.	Continue to work towards gaining improvement in COC documentation.	1) QISC/CAUMC and PIP task group will review interventions to help increase COC documentation.	1) Quarterly K. Brune will address COC documentation with PIP task Group and bring results to QISC/CAUMC committee. This will be done until the PIP is retired.
		2) MHC's will increase over all documented COC for FY14	2) MHC's will increase the overall score of documented COC to 65%. Training on COC documentation will be provided to assist MHC's in meeting this goal.	2) The COC audit will take place beginning February 2014 with results tabulated and presented at the May 2014 QISC/CAUMC committee meeting.
7B.	Complete follow-up related to findings of peer services focused study	1) Work with QISC/CAUMC and OMFA to review and develop initiatives related to the value of Peer Specialists.	A survey will be created addressing the value and use of Peer Services.	1) The survey will be developed by K. Brune and distributed by the OMFA group beginning the 1st of October and ending the 31st of October. Results will be tabulated and shared with the OMFA group as well as QISC/CAUMC by January 2014
7C.	Develop a new QIP	QISC/CAUMC will work to develop a new Quality Improvement Project	1) In order to meet URAC requirements a new Quality Improvement Project will be developed and implemented.	K. Brune and E. Arnold-Miller will work in conjunction with the MHCs to develop and implement a new QIP



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GOAL 8#: Monitor and evaluate BHO Performance Indicators.

Qua	Ality Improvement and Utilization Management Activities	Target	Plan	Timetable
8A.	Monitor overall BHO performance measures quarterly (swf file)	1) Continue to monitor current BHO Performance Measures through the use of the swf file on a quarterly basis.	1) The QISC/CAUMC committee will review Performance Measures on a quarterly basis through the use of the swf file.	Ongoing, presented quarterly at QISC/CAUMC
8B.	Monitor Emergency Room utilization and revise intervention strategies as needed.	PIP Task Group will collaborate to evaluate ER Focused Study survey results and conduct additional follow up as needed.	Survey data will be collected, analyzed and interpreted in order to develop Emergency Room utilization interventions/strategies.	1) October 1st 2013 the focused study write up is due to HSAG. At that time the PIP task group will examine results and determine the best course of action.

GOAL 9 #: Begin to work towards implementation of the SUD Benefit

Quality Improvement and Utilization Management Activities		Target	Plan	Timetable
9 A.	Work towards implementing the SUD benefit	Begin to identify areas of the SUD benefit for implementation.	Implement the who, what, where when, why and how of the SUD benefit and create a time table for implementation.	Implement the SUD benefit by January 1st 2014
9 B .	QISC/CAUMC or another work group will explore options to implement substance use disorder performance measures.	Begin to identify potential areas for performance measurement	Explore potential measures that can be qualified and quantified for the SUD benefit.	Will be decided upon by January 1st, 2014

Commented [VO2]: New Goal for FY14



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GOAL #10: QISC/CAUMC will evaluate the FY 2013 work plan progress and review Quality/Utilization Management Program Plans.

Qua	lity Improvement and Utilization	•		
	Management Activities	Target	Plan	Timetable
10A.	QISC/CAUMC will: 1) conduct an annual review of work plan goals,	1)Complete mid-year review, revisions as identified and end-of year review	1) At the QISC/CUAMC committee meeting the committee will conduct a review of the work plan goals. The goals will be reviewed in order to assess mid-year progress.	QISC/CAUMC will evaluate progress of attainment of the Work Plan throughout the year through the utilization of the CHP project calendar.
	conduct annual review, update and approval of Program Description, and	2) review and update QM/UM Program Description, and submit to Board for approval	2) Annually, the QM/UM Program Description will be reviewed and approved by the QISC/CAUMC committee. It will then be submitted to the Board for approval and then to HCPF.	2) The documents are due to HCPF in September 2014. A month before the document due date the QISC/CAUMC committee will review and give approval to the documents August 2014.
	3) QISC and CAUMC will complete an annual evaluation.	3) evaluate and document progress and attainment of work plan goals, and overall QM/UM program effectiveness	3) Annually, the program Annual Evaluation and Work Plan will be reviewed by the QISC/CAUMC committee.	3) The documents are due to HCPF in September 2014. A month before the document due date the QISC/CAUMC committee will review and give approval to the documents August 2014.